

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)
Voucher prepared at _____
(Give place and date)
THE UNITED STATES, Dr., Payee's Account No. 1350
To _____
(Payee)

PAID BY
SAPC 8708
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs					3.40
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from _____ to _____		Weight _____	Government B/L No. _____	Total	\$	3.40	

I certify that the above bill is correct and just and that payment has not been received.
STATOTHR
Date 8-15
Per _____
Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
(Payee must NOT use this space)
Differences _____
Amount verified; correct for _____
(Signature or initials) JMS

Pursuant to authority vested in me, I certify that this account is correct and proper for payment
† Approved for \$ _____
By _____
Title _____
Date _____
SIGN ORIGINAL ONLY
STATOTHR
SEP 19 1956

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM
STATOTHR
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
(Sign original only)

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110046-6
STATOTHR

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